

PRIVACY ACT STATEMENT									
AUTHORITY: Title 10 USC, Section 3012 (All information given is CONFIDENTIAL and will not be released.) PRINCIPLE PURPOSE: To assist the SDNG Family Program in providing care & assistance to military families & service members. ROUTINE USES: (1) For use by Unit Family Readiness Groups to develop FRG telephone trees & family newsletter & email address lists in order to disseminate pertinent information. (2) To gather data that will assist in the development of appropriate programs & services.									
Date Prepared:		Service Member Information					Date Reviewed:		
Service Member's Name (Last/ First/ MI)			Sex	Rank	(circle): AGR TECH TRADITIONAL			Unit Name	
Service Member's Mailing Address			Marital Status: ___ Single ___ Married ___ Divorced ___ Separated ___ Widow(er)	Married Dual Military Couple (circle): Yes No N/A		Have you ever been mobilized before? Y N When: Where:			
City	County			Single Parent (circle): Yes No N/A		SM's Phone numbers – Home // Cell			
State	Zip Code					Service Member's Email			
Service Member's Employer: Company Name, Supervisor, Address, Phone Number / If unemployed or in school state below									
Spouse / Family Member / Friend Information									
Primary Point Of Contact (POC) Name				POC's Home Ph. Number			Relationship to Service Member		
Primary Point Of Contact Mailing Address				POC's Cell Phone Number					
City	County			POC's Email Address					
State	Zip Code			POC's Work Phone Number					
Secondary / Alternate POC Name				Relationship	POC's Phone Numbers - Home // Cell// Work				
Secondary / Alternate POC Mailing Address				City, State, Zip			POC's Email Address		
Names of Child(ren)			Age	Grade	Gender	Birthdate	Address (if different than service members)		
Names of School(s) Your Children Attend				School Address					
Other Dependent Family Members			Age	Relation	EVACUATION INFORMATION				
					Please provide contact information where your family would go if evacuation were required due to natural disasters or state & national emergencies.				
					Name:				
					Physical address:				
					City, State, Zip:				
					Their Home Ph:				
					Their Cell Ph:				
					Their Email:				
					Relationship:				
List any special needs, concerns, medical, or financial problems in your family that may require special attention or assistance as a result of your absence. If pregnancy, include due date.									
Signature of Service Member							Date		